

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND DIVISION

JASMINE LAWRENCE, individually
and on behalf of all similarly
situated individuals,

Case No. 1:12CV2600

Hon. Christopher A. Boyko

Plaintiffs,

vs.

**MAXIM HEALTHCARE SERVICES,
INC.**, a Maryland Corporation,

Defendant.

NOTICE OF RIGHT TO OPT-IN TO LAWSUIT

TO: ALL HOURLY IN-HOME HEALTH CARE WORKERS EMPLOYED BY MAXIM
HEALTH CARE SERVICES AT ANY TIME IN THE PAST THREE YEARS

RE: FAIR LABOR STANDARDS ACT LAWSUIT FILED AGAINST MAXIM
HEALTHCARE SERVICES, INC.

1. **INTRODUCTION**

This Notice is to inform you about a lawsuit in which you might be able to make a claim for damages under the federal Fair Labor Standards Act, to advise you of how your rights may be affected by this lawsuit, and to instruct you on the procedure for participating in this lawsuit, if you so choose.

2. **DESCRIPTION OF THE LAWSUIT**

On October 17, 2012, Jasmine Lawrence, on behalf of herself and others similarly-situated, filed a lawsuit in the U.S. District Court for the Northern District of Ohio against Maxim Healthcare Services, Inc. The lawsuit alleges that Maxim Healthcare Services violated the federal Fair Labor Standards Act ("FLSA") by allegedly failing to pay hourly in-home health care workers overtime wages for work performed in excess of forty (40) hours per week. Plaintiff alleges that she is entitled to recover unpaid overtime wages for such work performed after October 17, 2009. Plaintiff also seeks an additional equal amount as liquidated damages, as well as attorneys' fees and costs. This litigation is currently in the early pretrial stage.

Maxim Healthcare Services has denied Plaintiff's allegations that it has violated the FLSA or failed to properly pay its employees for overtime, and has further denied Plaintiff's allegations that it is liable to Plaintiff under any circumstances.

3. PERSONS ELIGIBLE TO RECEIVE THIS NOTICE

The United States District Court for the Northern District of Ohio has approved this Notice to be distributed to:

All hourly in-home health care workers employed by Maxim Healthcare Services at any time in the past three years.

4. YOUR RIGHT TO PARTICIPATE IN THIS LAWSUIT

If you meet the description in paragraph number three (3) above, and if you believe that Maxim Healthcare Services has failed to compensate you for time you spent working more than 40 hours per week, and thereby failed to pay you appropriate overtime compensation to which you may be entitled, you may have the right to make a FLSA claim against Maxim Healthcare Services in this lawsuit to recover unpaid overtime compensation, liquidated damages, costs, and attorney's fees for Plaintiffs' counsel in this lawsuit. It is entirely your own decision whether to join this lawsuit.

5. EFFECT OF JOINING THIS LAWSUIT

If you choose to join this lawsuit, you will be bound by any judgment on any claim you may have under the FLSA, whether favorable or unfavorable. That means that, if you win, you may be eligible to share in the monetary award; if you lose, no money will be awarded, and you will not be able to file another lawsuit regarding the matters raised in the lawsuit.

While this lawsuit is proceeding, you may be required to respond under oath to written questions, to have your deposition taken, to produce documents, and/or to testify in court at a trial or hearing in the United States federal courthouse in Cleveland, Ohio.

6. NO LEGAL EFFECT IN NOT JOINING THIS LAWSUIT

If you choose not to join this lawsuit, you will not be affected or bound by any judgment, favorable or unfavorable, on any of the claims brought under the FLSA that are alleged in this lawsuit; in other words, if you do not file a Consent to Sue form, you will not receive any back overtime wages or other relief granted under this lawsuit if Plaintiffs prevail on their FLSA claims.

If you choose not to join this lawsuit, you retain all rights, if any, that you may have under the FLSA and are free to file your own lawsuit or complaint with the U.S. Department of Labor; however, recovery for any alleged FLSA claim you may have would be obtainable by

you only if you file your own lawsuit or Department of Labor complaint within the time provided by law, and you actually prevail on your claims.

7. YOUR LEGAL REPRESENTATION IF YOU JOIN

The attorneys for Plaintiffs and the proposed opt-in class are the law firms of Sommers Schwartz, PC and Johnson Becker, PLLC. Their addresses and telephone numbers are:

Jason J. Thompson
Lance C. Young
Jesse L. Young
Sommers Schwartz, PC
One Towne Square, Suite 1700
Southfield, MI 48076
Telephone: (248) 355-0300

Timothy Becker
Jacob Rusch
Johnson Becker, PLLC
33 South Sixth Street, Suite 4530
Minneapolis, Minnesota 55402
Telephone: (612) 436-1800

If you choose to join the lawsuit, the law firms listed above will be representing you unless you obtain another attorney. You will not be required to pay any attorneys' fees or court costs to the Plaintiffs' lawyers at this time and not pay any attorneys fees unless you prevail. Rather, in the event the Plaintiffs prevail in the lawsuit, either by judgment or settlement, the Plaintiffs' attorneys will be requesting that the Court order Maxim Healthcare Services to pay the Plaintiffs' lawyers their reasonable attorneys' fees and reimburse them for any expenses. Plaintiffs' attorneys will be compensated by the greater of either a forty (40%) percent contingent fee of all sums recovered by settlement, award, court-ordered attorneys fees, or judgment, or whatever attorneys fee is awarded by the Court or obtained/negotiated through a settlement. The Court must approve any fees received by the Plaintiffs' lawyers.

You also have the option to retain an attorney of your own choice.

8. HOW TO JOIN THIS LAWSUIT

If you wish to join this lawsuit, you must complete, sign and mail the enclosed Consent to Sue form in the enclosed stamped envelope to:

Jesse L. Young
Sommers Schwartz, PC
One Towne Square, Suite 1700
Southfield, MI 48076
(248) 355-0300

Your signed Consent to Sue form must be filed with the Court by _____, **2013** for you to be eligible to participate in this lawsuit.

If you wish to join this lawsuit, return the signed Consent to Sue form as soon as possible, but no later than _____, **2013**, to preserve any legal right you may have to participate in this lawsuit. Until the Consent to Sue form is filed with the Court, the statute of limitations

ordinarily continues to run, and you will not be entitled to receive compensation for the days during which you delay sending in your Consent to Sue form.

If you file a Consent to Sue form, your continued right to participate in this lawsuit may depend upon a later decision by the Court that you and the Plaintiff are similarly situated. If the Court finds that you and the Plaintiff are not similarly situated, you may re-file your own FLSA lawsuit within the time provided by law.

9. DEADLINE

Your completed Consent to Sue form must be filed with the Court by _____, **2013** in order to be eligible to participate in the lawsuit. You should ensure that it is received by Mr. Young before that date. If you have already submitted a Consent to Sue form, you do not need to submit another one at this time.

10. NO OPINION EXPRESSED AS TO MERITS OF LAWSUIT

This Notice is for the sole purpose of providing current and former Maxim Healthcare Services employees with information concerning their potential right to join this lawsuit.

Although this Notice and its contents have been authorized by the Court, the Court takes no position regarding the merits of Plaintiff's claims or Maxim Healthcare Services's defenses, and there is no assurance that the Court will grant any relief to the Plaintiff.

11. NO RETALIATION PERMITTED

The FLSA prohibits employers, such as Maxim Healthcare Services, from discriminating or retaliating against or taking adverse actions against any person for filing a lawsuit, claim or complaint for compensation, assisting or testifying in a lawsuit under the FLSA, or otherwise participating in a proceeding or exercising their rights under the FLSA.

12. FURTHER INFORMATION

For further information about this lawsuit, you may contact Plaintiffs' counsel by mail at the addresses indicated above in paragraph 7, by telephone at 248-355-0300, or by e-mail at jyoung@sommerspc.com

**PLEASE DO NOT ATTEMPT TO CONTACT
THE COURT REGARDING THIS LAWSUIT**

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CONSENT TO SUE

I state that I worked on an hourly basis as an in-home health care employee for Maxim Healthcare Services, Inc. at some point during the past three years, and during part of that time was required by Maxim Healthcare Services to work in excess of 40 hours per week without receiving overtime compensation for the same.

I hereby consent to sue Maxim Healthcare Services for damages including unpaid overtime premiums under the federal Fair Labor Standards Act ("FLSA"), 29 U.S.C. § 216(b).

I hereby designate Sommers Schwartz, PC and Johnson Becker, PLLC to represent me in this action.

Dated: _____, 2013

Signed: _____

Name (Print): _____

Address: _____